

30 41913

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | H.T. | 913 | 10 5-15-01 |
| RESPONSE FORMALITY REVIEW | SS | 373 | 06-04-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | 06/17/04 |
| 1 | ✓ |
| 2 | ✓ |
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| Claim | Date |
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| Final | |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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